

Town of Lovettsville

REQUEST FOR RECORDS

INDIVIDUAL REQUESTING RECORDS:

Name:	
Organization:	
Address:	
Phone:	

RECORDS REQUESTED:

Please be as specific as possible – for example:

- requests for copies of minutes must include the date and the Town body holding the meeting
- requests for copies of correspondence or e-mail should include the date, addressee, sender and subject matter

REQUEST:

Please provide the above named individual with copies of the records indicated. I understand that I must reimburse the Town for any costs incurred in duplicating records.

Signature _____ Date: _____

Please Print Name: _____

ACKNOWLEDGMENT OF RECEIPT:

I acknowledge receipt of the records requested. (Note any discrepancies on the reverse of this form.)

Signature _____ Date: _____

Please Print Name: _____

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FOR OFFICE USE ONLY

DATES:		COSTS:	Quantity	Rate	Total	
Received		Tapes		\$2.00/Tape		
Due		Copies		\$.15/Page		
Processed		Postage				
Delivered		Other				
Via		Time		/Hour		
				TOTAL		
						Check Amount
						Check Number
						Check Date
						Received From